

ATSG CLIENT DATA WORKSHEET

INSTRUCTIONS: Enter all information that is appropriate for each client. Some information will only need to be filled out once. The form can be used for each contact or it can be used to record services by period. This worksheet is for the agency's internal use and should only be utilized to assist programs in compiling data necessary for the statistical performance report periods. The worksheets are not to be submitted to MOVA.

Client Name/ID#: _____

Date: ____/____/____

Age of Client: _____

Type of Client:

____ Victim
____ Victim Family Member
____ First Responder
____ First Responder
Family Member

Gender: ____ Female
____ Male

Current Period:

____ May-June (1)
____ July - Sept. (2)
____ Oct. - Dec. (3)
____ Jan. - Mar. (4)
____ April - June (5)

Client Status This Quarter:

____ New ____ Ongoing

Sessions this period: _____

(1 session = 1 hour of time)

Services Provided to this Client:

____ Crisis Counseling
____ Crisis Intervention
____ Peer Support

Race/National Origin:

____ Black
____ Caucasian
____ Hispanic/Latino
____ Bi-Racial
____ Cape Verdean
____ Haitian
____ Portuguese/Azores
____ Asian/Pacific Islander
____ Native American/Alaskan Native
____ Other (specify): _____

Disability:

____ Yes
____ No
____ Unknown

Notes:

This worksheet is only to assist you in compiling statistics for your statistical reports. Do not submit worksheet to MOVA.